



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, HONOLULU, HAWAII 96813
or P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: (808) 587-0460 FAX: (808) 587-0470
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Web site: www.hawaii.gov/ethics

NOTE: This is a public document.

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			STATE OF HAWAII STATE ETHICS COMMISSION
NAME (Last)	(First)	(Middle)	TELEPHONE
Cook	Charles	Woron	571-286-9978
MAILING ADDRESS (Street)			FAX
451 Nahua Street, #202			EMAIL
			cwcook78@gmail.com
(City)	(State)	(Zip Code)	
Honolulu	HI	96815	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Drug Policy Action Group		808-735-8001
MAILING ADDRESS (Street)		FAX
PO Box 240323		EMAIL
		pamelalichity@gmail.com
(City)	(State)	(Zip Code)
Honolulu	HI	96824
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Pamela Lichty		808-735-8001
MAILING ADDRESS (Street)		FAX
PO Box 240323		EMAIL
		pamelalichity@gmail.com
(City)	(State)	(Zip Code)
Honolulu	HI	96824

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input checked="" type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1-20-13

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Pamela Lichty		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President	
NAME OF ORGANIZATION (if applicable) Drug Policy Action Group		TELEPHONE 808-735-8001	
MAILING ADDRESS (Street) PO Box 240323		FAX 808-735-2971	
		EMAIL pamelalichty@gmail.com	
(City) Honolulu	(State) HI	(Zip Code) 96824	

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

Jan. 23, 2013

(Date)